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Country note**

Lesotho

Summary

The Executive Director presents the country note for Lesotho for a programme of cooperation for the period 2002 to 2007.

The situation of children and women

1. Lesotho is among the world's 50 poorest countries in terms of gross domestic product and ranks 127 out of 174 countries on the United Nations Development Programme Human Development Index. Despite earlier assumptions about economic growth, income poverty has increased significantly during the last programme cycle; gross national product per capita average annual growth rate has been –0.4 per cent. Household poverty, combined with the multiple impacts of HIV/AIDS, is reversing the gains made in the 1980s in improving children's access to quality health, education and social welfare services. Lesotho, situated in the centre of the mining and commercial agriculture region of southern Africa, provides largely unskilled migrant labour. In recent years, the demand for migrant labour has declined, leaving more than 50,000 households without adequate cash income to provide for basic social services. This has led to increasing violence against women and children, and crime.

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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2. The slow development of democratic institutions and culture discourages external investment and related employment creation. In addition, following the end of the apartheid Government in South Africa in 1994, many health workers, teachers and social workers left the country. This has had a profound impact on government capacity to meet the demands for social services at a time of increased numbers of children in need of care. Political insecurity following disputed elections in 1998 has caused a loss of momentum to implement the Convention on the Rights of the Child, which was ratified in 1992.

3. More than 50 per cent of the population are under 24 years of age. The Government recently established a Ministry for Environment, Gender and Youth Affairs in response to the need for the development of government capacity to address the needs of adolescents and young adults. Currently, unemployment among youth (15-25 years old) is over 40 per cent and rising, as 25,000 new entrants join the labour market each year. Economic security and physical safety are their main concerns. Young people participating in the development of the country programme report that drug and alcohol abuse, as well as gender-based violence, are increasing. The child labour study indicates an increasing number of adolescents and young adults involved in commercial sex and crime. These are all significant risk factors for HIV transmission.

4. The National AIDS Strategic Plan (2001-2004) reports that infection among pregnant women has risen from 4 to 26 per cent between 1992 and 1996. Adolescents and youth in Lesotho account for more than 50 per cent of all pregnancies. The sero-prevalence rate is close to 30 per cent among adolescents. The distribution by gender of reported cases in 1999 was 54 per cent female and 46 per cent male. Six per cent of reported cases were children under four years of age. Current estimates suggest that nearly 15 per cent of children under 14 year old have lost at least one parent, leaving families and communities to care for three times the normal number of orphans. The legally defined minority status of women, the lack of life skills training, restricted reproductive health services and education for youth, and cultural norms are all fuelling the epidemic.

5. Lesotho has had an unusually high rate of primary school enrolment among girls in relation to boys, owing in part to the tradition of boys spending their early childhood herding cattle for their families or as hired herdboys. However, since 1990, net enrolment for girls has dropped by 25 per cent. The completion rate for boys and girls is 37 per cent. These trends mirror an increase in the numbers of school-aged children working in the informal and domestic sectors. Underlying causes include the need for family income and the demands for girls to care for younger children and sick family members. Other factors include overcrowding of schools, poor quality of teaching (25 per cent of teachers are uncertified), lack of water and sanitation facilities in one half of the schools, and the practice of excluding pregnant girls from schools. Early childhood care and development (ECCD) services cover less than 20 per cent of the population under five years old. The demand for ECCD services is increasing as the number of orphans in this age group increases.

6. In 1996, the infant mortality rate was 86 per 1,000 live births. Vaccine-preventable diseases, diarrhoea and acute respiratory infections (ARI) remain the main causes of infant and child morbidity and mortality. Immunization coverage has declined from 71 to 60 per cent from 1992 to 1999. The use of oral rehydration salts

has fallen from 60 to 35 per cent since 1990. In 1994, ARI accounted for 60-70 per cent of admissions of children under five years old to hospitals. Child malnutrition rates have been relatively stable during the last decade at around 16 per cent under weight; however, one study shows stunting at 49 per cent in 1999. Vitamin A deficiency in schoolchildren is 13 per cent, and goitre affects 42 per cent of schoolchildren. These data reflect the declining quality of services and care at all levels, as qualified staff are lost through HIV/AIDS or migration.

7. Attendance at antenatal clinics at least once during pregnancy is as high as 95 per cent in some areas, and routine data collection shows that over 60 per cent of births take place at facilities. However, a 1999 estimate put the maternal mortality ratio at 738 per 100,000 live births (with the most vulnerable group aged 15-19 years), due largely to the high turnover of qualified staff and a weak referral system.

Lessons learned from past cooperation

8. Through the annual and mid-term review processes, the programme was able to adapt its focus in response to major new programmes by partners. The major change during the country programme was to reduce the work in primary environmental care, water supply and household energy security. This enabled UNICEF to focus its support more on education (including sanitation and hygiene education), health and nutrition.

9. In a situation of partial decentralization, programmes that included support to the development of policy and legal frameworks generated the increased participation of multisectoral government and community leaders to complement work on capacity development and service delivery at local levels. Areas of greatest success included ECCD, free primary education, non-formal education and micronutrients. On the other hand, immunization coverage declined, due partly to the lack of qualified staff and health service charges, but also to the lack of ownership among key ministries, such as education and local government.

10. Programmes that aimed to develop the capacities of communities to identify their own problems and utilize effectively available local resources achieved their objectives even though external assistance declined. The example set by the community organization, participation and empowerment project provides a basis on which to expand coverage to address child rights more broadly under the new programme, while maintaining the same geographic coverage.

11. Economic growth and poverty reduction cannot be assumed. In addition to strengthening social services, the new programme needs to influence economic and social policy in the best interest of the child. Poverty and HIV/AIDS, as fundamental constraints to progress, need to be addressed explicitly.

Proposed country programme strategy

12. The Government of Lesotho identified poverty reduction as the overarching objective both for the long-term national Vision 2020 and as a medium-term goal and strategy for the National Development Plan (2001-2003). The United Nations Country Team cited investment in children and youth in the Common Country Assessment as one of the priority areas for support to the national effort to reduce

poverty. There is a slowly growing recognition of the impact of HIV/AIDS on development reflected in these documents. The programme will also be guided by the Concluding Observations of the Committee on the Rights of the Child. The country programme will be of a six-year duration (2002-2007) in order to achieve harmonization of programme cycles with other United Nations agencies.

13. The UNICEF country programme will contribute to the vision of the country through fostering a broad social alliance of Government, communities, organizations, private enterprise and individuals to respect, fulfil and protect the rights of all children, youth and women. Three strategies will be pursued to increase the capacity of communities and Government to this end.

14. The first strategy is advocacy, to address the legal and policy foundations for the fulfilment of the rights of all children and women in Lesotho, and to ensure that economic and social policy is developed in the best interests of the child. This will include addressing the discrimination faced by women in developing and acting on their own capacities to reduce poverty and violence.

15. A second strategy is to support access to quality health care, education and social welfare services by the most disadvantaged communities in two of the most heavily affected districts in the country — Maseru (the most populous) and Mokhotlong (one of the most remote rural areas). This will include developing the capacities and technical skills of government and non-governmental organization (NGO) health, education and social welfare staff working at the community level, as well as ensuring that young people are fully involved in the development and management of the services being provided. Only two provinces have been selected owing to the innovative nature of this integrative approach and the capacity constraints faced by the programme.

16. Thirdly, advocacy and social mobilization will support authorities at all levels of society in the fulfilment of children's and women's rights. Capacity for communication will be strengthened within the UNICEF office and the United Nations system, as well as with civil society and government partners.

17. These strategies will be implemented through four programmes. Activities aimed at preventing the spread of HIV and mitigating the impact of HIV/AIDS, and actions to protect from abuse, neglect, exploitation and violence will be integrated in each programme. The thematic programmes will be supported by a **social policy and planning** programme that will provide technical and intellectual support to legal and policy development activities, including Vision 2020 and the Poverty Reduction Strategy Paper. Support will also be provided to ongoing sector reform processes aimed at improving the utilization of resources and building the capacities of government staff. Data collection and analysis for decision makers (national and local) will be a significant element of this programme.

18. The objective of the **child survival, care and development** programme will be to support achievement of the highest attainable standards of early child health and development. Improved nutrition will be achieved in part through the fortification of staple foods with micronutrients. Improved routine immunization coverage will be achieved through support to community-based health and ECCD services. This programme will include activities related to the prevention of mother-to-child transmission of HIV/AIDS and to care for children living with AIDS. At the community level, support will be provided to strengthen capacity for integrated

management of child health, building on the community opportunity, participation and empowerment project of the previous country programme.

19. The objective of the **Education for All** programme is the implementation of the ECCD (jointly with the child survival, care and development programme), free primary education and non-formal education policies. Support will be provided to the Government and communities for learning opportunities in child-friendly environments for all children, including those currently out of school, working children, pregnant adolescents and teenage mothers, orphans, children with disabilities and other disadvantaged children. Support will also be provided to improve learning outcomes. In addition, school sanitation and hygiene education will be expanded in two districts.

20. The objective of the **adolescent development** programme is, in the context of HIV/AIDS, improved access to appropriate health education, counselling services and life skills training in the two focus districts. Basic education opportunities for out-of-school youth and over-aged primary students will also be provided. The programme will support appropriate training in conflict resolution and awareness-raising campaigns about gender-based violence, and drug and alcohol abuse. This programme will enhance participatory approaches to service delivery by involving youth in all aspects of programme implementation.

21. This country programme strategy has been prepared by a national team comprised of government programme managers, NGO partners and civil society representatives, including youth and the churches, culminating in a strategy meeting in October 2000. The Ministry of Development Planning will be responsible for overall oversight of the country programme.

22. Coordination, planning, monitoring and evaluation of programme implementation will be critical for effective programme management. An integrated monitoring and evaluation plan will ensure timely updates of the situation analysis, as well as monitoring and evaluation of UNICEF-supported programmes and projects, and will pay particular attention to the evaluation of the community capacity development approach in the two focus provinces.

Estimated programme budget

Estimated programme cooperation, 2002-2007*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Child survival, care and development	1 500	3 750	5 250
Education for All	1 500	3 750	5 250
Adolescent development	600	2 500	3 100
Social policy and planning	1 379	2 500	3 879
Cross-sectoral costs	600	1 000	1 600
Total	**5 579**	**13 500**	**19 079**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.